

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039716

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 158

STATE FILE NUMBER

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		c. CITY OR TOWN <i>West Plains,</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>16 Thayer Ave.</i>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <i>Anna</i> Middle <i>J.</i> Last <i>Hall</i>		4. DATE OF DEATH Month <i>10-</i> Day <i>24-</i> Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-9-1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (City and state or country) <i>Howell County</i>	
13a. FATHER'S NAME <i>John S. Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Jane Johnson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT <i>Mr. Frank Hall West Plains, Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 Hours</i>
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>10-0</i> a.m. <i>1-0</i> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <i>West Plains, Mo.</i> STATE <i>Missouri</i>	

21. I attended the deceased from <i>23-10-63</i> to <i>24-10-63</i> and last saw her alive on <i>23-10-63</i>	
Death occurred at <i>West Plains, Mo.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Robertson</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>West Plains, Mo.</i>
22c. DATE SIGNED <i>3 Nov 63</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-27-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>West Plains, Missouri</i>
24. FUNERAL DIRECTOR <i>Robertson's Funeral Home W.P., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>10-28-1963</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 12 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.